

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required	Attorney Docket Number	PR60711USw	
	First Named Inventor	William Joel HOEKSTRA	
	<i>COMPLETE IF KNOWN</i>		
	Application Number		
	Filing Date		
	Art Unit		
	Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on () as United States Application Number or PCT International

Application Number **PCT/US2005/005467** filed February 22, 2005 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 23347 OR <input type="checkbox"/> Correspondence address below			
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Address			
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Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) William Joel		Family Name Or Surname HOEKSTRA	
Inventor's Signature <i>William Joel Hoekstra</i>			Date <i>27 July 2005</i>
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Aaron Bayne		Family Name Or Surname MILLER	
Inventor's Signature			Date
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto			

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State

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Country

Telephone

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
William Joel

Family Name
Or Surname
HOEKSTRA

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
Or Surname

Aaron Bayne**MILLER**

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

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City

State

ZIP

Country

Research Triangle Park**NC****27709****US**☐ Additional inventors are being named on the


supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

PTO/SB/02A (08-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William John		ZUERCHER	
Inventor's Signature 		Date 7-27-05	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Harikrishna Suryakant		PATEL	
Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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Inventor's Signature		Date	
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City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Harikrishna Suryakant		PATEL	
Inventor's Signature 		Date 7/27/05	
Residence: City Durham	State NC	Country US	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
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